

U.S. Department of State

CHEST X-RAY AND CLASSIFICATION WORKSHEET For use with TB TI 2007 and the DS-2054 Complete Sections 1 through 5. As Applicable

OMB No. 1405-0113 EXPIRATION DATE: 08/31/2014 ESTIMATED BURDEN: 10 MINUTES

Name (Last, First, MI)			Complete Occions	· ····································			ige				
Birth Date (mm-dd-yyyy)	Date (mm-dd-yyyy) Passport Number					Alien (Case) Number					
1. Chest X-Ray Indication (Mark all that apply) Age ≥ 15 years Signs or symptoms of tuberculosis HIV infection Test for TB infection: TST ≥ 10 mm IGRA Positive Contact: TST ≥ 5 mm											
2. Chest X-Ray Findings Date Chest X-Ray Taken (mm-dd-yyyy)											
 ✓ Normal Findings ✓ Abnormal Findings ✓ (Indicate category and finding, checking all that apply in the table below.) 											
	berculosis (Need	Smears and	d Cultures)			Other X	-Ray Fin	dings			
Infiltrate or consolidation	Infiltrate or consolidation Discrete li			car)	Follow-up needed (Mark as Class B Other)						
Any cavitary lesion	Any cavitary lesion Discrete n			ication	n Musculoskeletal						
Nodule or mass with personal (such as tuberculoma	Nodule or mass with poorly defined margins Discrete li with volun			ear opacity (fibrotic scar) e loss or retraction Cardiac							
Pleural effusion*	`				Pulmonary, non-TB (e.g., emphysema)						
Hilar/mediastinal aden	Hilar/mediastinal adenopathy with or without			☐ Other							
Other (such as miliary	o ,					up needed natic tenting		al thickening,			
thickening, perform late	* If unclear whether pleural fluid or thickening, perform lateral or decubitus				pulmonary nodule(s), calcified lymph node(s), calcified lymph node(s) with						
chest radiograph, or ta	rgeted ultrasound.	İ			calcified p	ulmonary n	odule(s)	, or minor			
Remarks musculoskeletal findings.											
Radiologist's Signature	Da	Date Interpreted (mm-dd-yyyy)									
3. Sputum Smears and Cult	tures										
No, not indicated - Applicant has no signs or symptoms of TB, no known HIV infection, and:											
X-ray Normal or 'Other X-Ray Findings' checked above and test for TB infection negative (if performed): this is No Class											
X-ray Normal or 'Other X-Ray Findings' checked above and test for TB infection positive (if performed): this is Class B2 TB, LTBI Evaluation											
Yes, are indicated - Applicant has (<i>Mark all that apply</i>): Signs or symptoms of TB											
☐ Chest X-ray suggests TB											
HIV infection											
Sputum Smear Results		Sputum Culture Res	Sputum Culture Results								
Date Specimen Obtained (mm	n-dd-yyyy) Positive	Negative	Date Specimen Obtain	ned (mm-dd-yyyy)	Positive	Negative	NTM*	Contaminated			
			* Nontuberculo	us Mycobacteria	1						
Positive Smear or Culture Result, or Clinical Judgment: this is a Class A TB											
Negative Smear and Culture Results and:											
Chest X-Ray sugge	ests TB: Class B1 T	B, Pulmona	ry								
HIV infection with normal X-ray and no signs and symptoms of TB: No Class for TB											

4. Classifications (Mark all that apply and also provide complete information on the DS-2054)							
	No Class		Class B2 TB, LTBI Evaluation				
	Class A TB		Class B3 TB, Contact Evaluation				
	Class B1 TB, Pulmonary		Class B Other				
	Class B1, TB, Extrapulmonary						
5. Rem	arks						
-							
-							

PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.

CONFIDENTIALITY STATEMENT

AUTHORITIES: The information asked for on this form is requested pursuant to Section 212(a) and 221(d) and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of State and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.

PURPOSE: The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.

ROUTINE USES: If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue a social security number. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws.

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